



Form INIRP-G
State Form 48125
(R2/6-05)

Indiana Department of Revenue
International Registration Plan
ESTIMATED MILES AND FIRST YEAR APPLICANTS
SCHEDULE G

Attach to Schedule B or BN

(1) Account Name:

(2) SSN or FEIN:

(3) Describe how your vehicle(s) was registered in the prior year, and provide a copy of the vehicle registration. (Check One)

☐ Indiana Base Plate

☐ Apportioned Plate

☐ Other: _____

(4) Has any other vehicle(s) been registered in IRP under this account name or any other account name?
If yes, attach a copy of the apportioned cab card(s).

Yes ☐ **No** ☐

(5) Is your vehicle(s) currently leased to a lessee?
If yes, enter the name and address of the lessee:

☐ ☐

(6) Explain why Estimated Miles are being submitted.

If you are Estimating Miles in any jurisdiction, you must show how those mileages were determined below. If your Estimated Miles are not considered reasonable, they will be adjusted to Indiana's Estimated Miles.

Instructions: For each trip, explain your anticipated plan of operation in each jurisdiction where you Estimate Miles on Schedule B.

Jurisdiction:		EXAMPLE	PENNSYLVANIA						
City	State	City	State	Mileage	X	Trips	X	Vehicles =	Total Estimated Mileage
Indianapolis		to: Pittsburgh		48		10		1	480
Pittsburgh		to: Indianapolis		48		10		1	480
								Total Estimated Miles:	960

Jurisdiction:									
City	State	City	State	Mileage	X	Trips	X	Vehicles =	Total Estimated Mileage
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
								Total Estimated Miles:	_____

Jurisdiction:									
City	State	City	State	Mileage	X	Trips	X	Vehicles =	Total Estimated Mileage
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
								Total Estimated Miles:	_____

Jurisdiction:									
City	State	City	State	Mileage	X	Trips	X	Vehicles =	Total Estimated Mileage
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
		to: _____		_____		_____		_____	_____
								Total Estimated Miles:	_____

Attach additional sheets if necessary.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Owner or Corporate Officer/Title		Date
Print Name/Title		Telephone Number